



Open Enrollment Application 2008-2009



Deadline: March 1, 2008

Kindergarten only deadline: September 1, 2008

Please submit this form to the resident and receiving districts.

1. Name of Student _____ 2. Date _____
3. Student's Date of Birth _____ 4. Grade Level for **2008-09** _____ 5. _____ Male _____ Female
6. Race/Ethnicity

☐ Asian/Pacific Islander
☐ Hispanic

☐ Black/non-Hispanic
☐ American Indian/Alaskan

☐ White/Non-Hispanic
7. Parent/Guardian Name _____
 Address _____

Street/PO Box
City
County
Zip Code
8. Home telephone _____ 9. Work telephone _____
10. Current District _____ Current Attendance Center _____
11. District Requested _____ Attendance Center Requested* _____
***This request does not guarantee placement.**
12. Is this application due to the student or family moving into a new district of residence and desiring that the student remain in the **original district** with no interruption in the education program? ____ Yes ____ No
13. Does the applicant have a sibling currently attending the district requested? ____ Yes ____ No
14. The parent / guardian is requesting the following (check all that apply)

☐ Regular Education
☐ Special Education
☐ English Language Learner Assistance
☐ Dual enrollment - K-8 (home school only)

☐ Dual enrollment - 9-12 (home school only)
☐ Dual enrollment-activity program(s) (applicable to grades 9-12) (home school only)
☐ Home school assistance program
15. Is the student currently under suspension or expulsion from school? ____ Yes ____ No
16. **Applications filed after March 1 will not be approved unless the reason for late filing qualifies for "good cause". "Good cause" means a change in the status of a child's resident district for any of the reasons listed below.**

REASON	Date of Change
_____ Family moved to a new district of residence	_____
_____ Change in the marital status of the student's parents	_____
_____ Placement of the student into foster care resulting in new resident district	_____
_____ Adoption resulting in new resident district	_____
_____ Participation in a foreign exchange program	_____
_____ Participation in a substance abuse or mental health treatment program	_____
_____ resulting in new resident district	_____
_____ Failure of negotiations for reorganization or rejection of proposed reorganization plan	_____
_____ Failure of negotiations for whole grade sharing or rejection of whole grade sharing*	_____
_____ Loss of accreditation or revocation of a charter school contract *	_____
_____ Severe health and/or pervasive harassment**	_____

*If good cause is related to change in status of child's resident district, open enrollment request must be filed within **45** days of last board action or within **30** days of certification of an election, whichever is applicable.

****If the application is being made in response to an alleged severe health need or pervasive harassment of student, the RESIDENT district will notify the applicant of status. Use the lines below to provide resident district with status of health concern or history of harassment occurring after March 1 deadline.**

17. _____ Check here if you are requesting transportation assistance. (**ATTACH PROOF OF INCOME TO APPLICATION**)

I certify that the above information is true and that I have sent a copy of this form to my resident district and to the district I want my child to attend. _____ YES _____ NO

CAUTION: Knowingly providing false information on this form may invalidate the application.

Signature of parent or guardian Date _____

Receiving District – Complete items A-D
(Also for Alternative Receiving District in case of application while under OE)

Exceptions: a) a desegregation plan exists in the resident district
b) the student alleges pervasive harassment or severe health condition
If either of these exists, **the resident district completes E-G before** the receiving district completes A-D

A. Name of District _____ Student ID Number _____

B. Date application was received _____

C. District Action ☐ Approved ☐ Denied _____ Date _____

If denied, indicate reason(s):

- ☐ Request was not filed on time ☐ Insufficient classroom space ☐ Student on suspension or expulsion.
☐ Proper special education program is not available. ☐ Does not qualify for good cause.

D. Signature of Superintendent _____ Date _____

Resident District – Complete items E-G
(Also for current Receiving District in case of application to a new district while under OE)

Do not complete this section unless: a) the resident district has a desegregation plan or
b) the student claims pervasive harassment or severe health condition.
If either of these exists, **the resident district completes items E-G before** the receiving district completes A-D.

E. Name of District _____ Student ID Number _____

F. Date application was received _____ District Action ☐ Approved ☐ Denied Date _____

If denied, indicate reason:

- ☐ Adverse affect desegregation plan ☐ Insufficient evidence of harassment (past deadline)
☐ Insufficient evidence of serious health condition that cannot be adequately addressed (past deadline)

6. G. Signature of Superintendent _____

Date _____